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ABSTRACT

This guide, designed for principals, on-site leaders or administrators, describes the implementation of the "Actions for Health" series, a comprehensive elementary school (Grades K-6) instructional program for health education. The guide is organized into four sections. The first section, "The Principal's Role," describes the steps a principal is advised to take to get the program going. Section 2, "The Program," outlines curriculum content and emphases for each grade level, lesson elements, and teachers' responsibilities. Section 3, "Home and Family Involvement," discusses types of family and community involvement, benefits of such involvement, and improving the school's family and community involvement program. Section 4, "What Is a Comprehensive School Health Program?" outlines the components of a comprehensive school health program and the relationship between health and learning. Six appendixes provide the following additional materials: scope and sequence for "Actions for Health," an overview of "Actions for Health" by level, a list of involving families letters, a family night agenda, newsletter inserts, and a fitness plan for the principal. (Contains 21 references.) (LL)

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CONTEMPORARY HEALTH SERIES

ACTIONS for HEALTH

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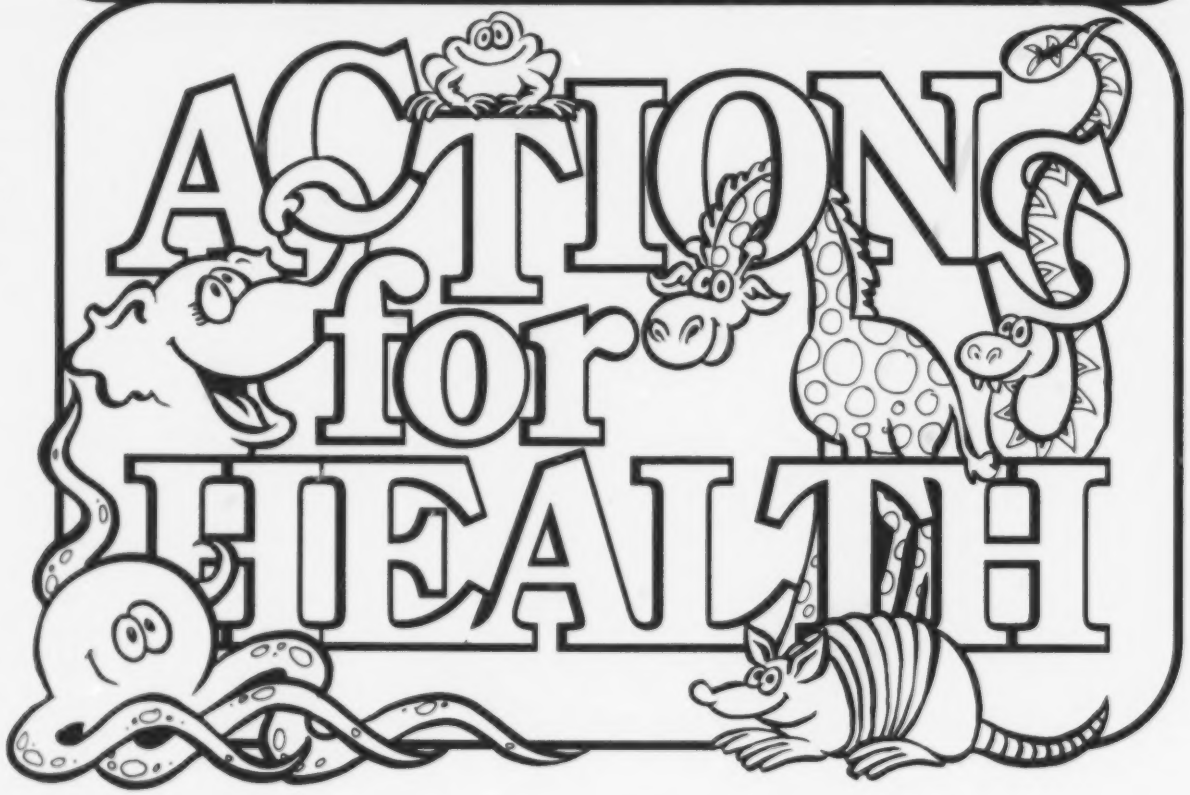

Administrator's Guide

to a Comprehensive Health Program

ETR ASSOCIATES
Santa Cruz, California
1994

ETR Associates (Education, Training and Research) is a nonprofit organization committed to fostering the health, well-being and cultural diversity of individuals, families, schools and communities. The publishing program of ETR Associates provides books and materials that empower young people and adults with the skills to make positive health choices. We invite health professionals to learn more about our high-quality publishing, training and research programs by contacting us at P.O. Box 1830, Santa Cruz, CA 95061-1830.

Actions for Health is the elementary school component of ETR Associates' *Contemporary Health Series*, a K–12 comprehensive health education program.

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Acknowledgments

Actions for Health is the elementary component of ETR Associates' Contemporary Health Series. Together with *Into Adolescence* (for middle school students) and *Entering Adulthood* (for high school students), the series presents a comprehensive instructional program for health education in elementary through high school classes.

In many ways, the elementary program is the most critical part of the series. In addition to promoting cognitive development, elementary health education provides the foundation for building skills that promote healthy behavior and address health risks later in life. Self-esteem, decision making and other important skills that mark a healthy adult require time to develop and take hold. Education for important personal and social skills is essential at the elementary level.

Actions for Health is the result of the efforts of numerous educational advisors and consultants in addition to ETR staff. We wish to thank the administrators, curriculum specialists, teachers and health professionals who helped mold and refine this program. We also wish to acknowledge the students in classrooms across the country who participated in piloting this program. Their involvement was critical to the development of the final versions of each grade.

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Introduction

As is always the case in school improvement, the principal is the key to program success. The implementation of *Actions for Health* is no exception. As administrator, you play a key role in creating a vibrant, successful comprehensive health program for your students.

This guide is organized around the key elements of a quality program:

- the principal's leadership
- curriculum content and teachers' responsibilities
- involvement of parents and other family and community members
- supporting research

Appendixes provide additional material to help make your job easier.

The principal's section leads you through the steps you will need to take to get the program going. The program section describes *Actions for Health* in detail, so you will have the background material you need, and defines teachers' responsibilities in the program. The home and family involvement section discusses the role of family members and ways to foster family and community support for the program. Supporting research follows to broaden your knowledge about health curriculum.

We at ETR Associates hope you will find this guide helpful. Your students will begin a journey toward a healthy lifestyle as a result of your leadership. We are available for consultation or to answer any questions should you need assistance (1-800-321-4407).

SECTION

1 The Principal's Role

As the instructional leader in your school, you are in a critical position to make the implementation of *Actions for Health* a success. Your leadership, enthusiasm and personal modeling are powerful influences on your school's program. The *Actions for Health* program is extremely self-contained and easy for teachers to follow. You will not be expected to do extensive inservice activities or to spend an inordinate amount of time in program development; however, spending some well-planned time in support of the program will reap major benefits.

As your school implements *Actions for Health,* you will have the opportunity to improve the health of the school environment for both students and staff. We encourage you to work with family and community members. Of course, you also are urged to maintain your own health as a model for your school community.

The following list of steps will help you plan your involvement.

Familiarize Yourself with the Program

After reading this implementation guide, plan to spend approximately one hour looking through all of the teacher's kits. Look at the classroom posters and the student books and briefly peruse the teacher's manuals.

You will also want to look at the list of "Involving Families" letters in Appendix C. The scope and sequence chart in Appendix A provides an overview of the health content of the curriculum.

Establish Your Support of the Program

One of the major complaints of teachers is that they have "too much material to cover." Often they perceive this burden as being imposed on them by the principal. Express your desire for the students at your school to have a comprehensive health program. Acknowledge the time it takes to teach health and assure teachers that you will provide them with the support they need to implement the program. By publicly stating your position on health education, you will give teachers the freedom they need to change some of their old practices.

You must also communicate your support of health education to your school community. Let family and community members know that you are concerned about their children's total health. The newsletter inserts in Appendix E will help you continue this communication throughout the school year.

Plan Inservice

Plan an inservice day for teachers. If possible, this inservice should take place before school begins. However, another time during the early part of the school year is also fine. Contact ETR Associates to assist you in your planning. We offer a variety of levels of assistance, from awareness materials to on-site training.

As an alternative to inservice, you or a staff member could become familiar with the materials, present a brief overview of the program and then give teachers time to read their materials and plan their programs on their own.

Schedule a Family Meeting

Schedule a meeting to explain *Actions for Health* to parents and other family and community members. This presentation could be part of a back-to-school night or part of a meeting of a parent/teacher or home

and school organization or a special meeting for a short presentation on health. An agenda and preparatory materials for such a meeting are found in Appendix D.

Check Your District Policies

Be sure to read your district policies on health education, including any policies that deal with family life education, controversial issues, confidentiality, HIV/AIDS education and family and community involvement. The *Actions for Health* materials are very sensitive to differences in family values and very supportive of families, so the materials are unlikely to run counter to district policies. However, you must review these policies for yourself and with your teachers.

Schedule a Staff Meeting

Plan a faculty meeting to discuss ways to make your school a healthier place. You may want to create a bulletin board in your staff room to encourage the adults at your school to think about wellness. The faculty meeting could begin with simple exercises led by a physical education teacher or a teacher who is involved in fitness activities. Serve some cold fruit juice and have fun thinking of ways to make your school a healthier environment.

Set Up a Calendar of Events

Each level of *Actions for Health* offers a special event, which involves the community in some way. Establish dates for these events early in the year and send home a calendar with your first newsletter to families. Advise your district office of the schedule to avoid conflicts with district meetings. For a brief overview of all the special events, see "Special Events" in Section 2.

Ask Teachers to Write a Health Goal

Ask teachers to write a health education goal for their students as part of their evaluation plan. Support and encourage teachers to try something new as they implement *Actions for Health.* Help them think of creative ways to determine if their students meet the goal.

Plan to Visit Classrooms

As you meet with teachers regarding their plans for the year, be sure to ask when you would be most likely to see a health lesson. Pencil in calendar visitation times on your calendar now, before your time is taken up with other curricular areas.

Plan Healthy Snacks

Make sure that any of your beginning-of-the-year activities that serve food provide healthy choices. Modeling this from the beginning will set the tone for improving overall school health. Encourage teachers to plan healthy snacks throughout the year for classroom activities such as parties.

Support Teachers' Personal Health Goals

Encourage teachers to share their own health goals with you. If possible, help them find a safe place to walk, run or stretch at lunch. If teachers are interested, invite a family or community member to conduct an aerobics, stretch-and-relax, or healthy cooking class after school.

Establish Your Own Health Goals

There are few jobs that are as stressful as that of a school principal. Education is rife with conflict and financial problems, and also bears the burden of dealing with many of society's ills. You need to maintain your own good health if you are to be an effective leader. See Appendix F for suggestions for a personal fitness plan.

SECTION

2 The Program

Actions for Health is the elementary component of ETR Associates' Contemporary Health Series. The series, which includes *Into Adolescence* modules (for middle school students) and *Entering Adulthood* modules (for high school students), presents a comprehensive instructional program for health education in elementary through high school classes. *Actions for Health* was designed with the elementary educator's special needs in mind. Each grade level has been pilot-tested in classrooms around the United States to ensure that the curriculum is effective and easy to use.

This comprehensive curriculum for students in grades kindergarten through six addresses the scope of recommended health education content. This content includes:

- personal health and hygiene
- family life
- substance use prevention
- injury prevention and safety
- nutrition
- mental/emotional health
- disease prevention
- environmental and community health
- consumer health

Each of these content areas is addressed at each grade level, but different topics are emphasized in different grades for balance and appropriateness. The developers of the Contemporary Health Series have chosen to group these content areas into six areas of emphasis.

Content Emphasis for the Contemporary Health Series

While the organization of the Contemporary Health Series represents a new way to look at health content, it correlates to specific health problems identified by the U. S. Centers for Disease Control and Prevention (CDC) and to the ten basic health content areas. It emphasizes important foundation elements needed to address health problems such as drug use and unintended pregnancy that begin to emerge in adolescence. A brief description of the six areas of emphasis follows:

- *Foundations for Health* addresses aspects of health education that are critical and important to the overall health of individuals. This area includes the topics of mental/emotional health, self-esteem, wellness, communication, stress management, relationships/friendships, responsibility, self-discipline, ethnic and cultural diversity, morals and values, refusal skills and decision making.
- *Personal Health and Nutrition* relates to the physical and personal aspects of health, including consumer health and fitness.
- *Substance Use and Abuse* addresses education and prevention skills around the use of tobacco, alcohol and other drugs. This area emphasizes refusal skills and decision making.
- *Family Life and Sexuality* deals with the large range of content and skills related to families, relationships, growth and development, puberty, pregnancy, birth, sexual behavior, and sexuality and responsibility. This area also addresses the skills and information necessary to prevent the spread of sexually transmitted disease (including HIV/AIDS).

- *Injury Prevention* addresses the prevention of both intentional and unintentional injuries, including violence and suicide. This area focuses on encouraging behavior to reduce the risk of injury.
- *Health and Social Responsibility* addresses important social issues that are related to the health and welfare of others as well as self. These issues include acceptance of and respect for ethnic and cultural differences, environmental concerns, community action, health care and responsibilities related to the health of others.

While topics in each area of emphasis are addressed in each grade of *Actions for Health,* they are sequenced to be developmentally appropriate.

Personal and Social Skills

Recent research in prevention programs indicates that effective programs combine skill-building activities with information. *Actions for Health* addresses skills development with different skill themes emphasized at each grade level and reinforced across grades. Students use the health content identified for each grade to practice the particular skill for that grade level, although all skills are presented in all grade levels. This emphasis on skills development empowers children to make choices that contribute in a positive way to their health. This, in turn, enhances students' self-esteem.

The following list describes the skills emphasized at each grade level:

- *Grade K—Self-Esteem.* Although not a skill per se, self-esteem provides the foundation for *Actions for Health* and is therefore the focus of Grade K. As with the skills, self-esteem is reinforced in all the other grades.
- *Grade 1—Rewarding Healthy Behavior.* Feeling good about a behavior increases the likelihood that an individual will continue to practice the behavior. Students can be taught to reward themselves for their behavior. They can also learn to provide reinforcement for the healthy behavior of others. Teachers, parents and the community also play an important role in reinforcing and rewarding healthy behavior.

- *Grade 2—Communicating with Others.* Communication is an essential prevention skill. Effective communication skills enable students to establish feelings of connectiveness, express feelings, communicate health needs and resist internal or external pressures to practice unhealthy behavior.
- *Grade 3—Making Decisions.* Students need to be able to identify decision points, clarify complex issues, gather information, evaluate the advantages and disadvantages of alternatives and take action. Combined with health knowledge and the opportunity to make healthy choices, the ability to make decisions is a powerful skill.
- *Grade 4—Health Assertiveness.* Students need to be able to negotiate the right and the opportunities to practice healthy behavior. This skill involves resisting pressures to choose options that are inconsistent with personal, family or cultural values.
- *Grade 5—Managing Stress.* The ability to deal with stressful situations without jeopardizing one's health is an essential skill. Students need to be able to identify situations that cause stress and to minimize its potentially harmful effects.
- *Grade 6—Setting and Achieving Goals.* Students who can identify their needs, set goals and take action to achieve those goals are able to take charge of their lives and create their own opportunities to practice healthy behavior.

Not Just a Textbook

The *Actions for Health* curriculum is designed to be both comprehensive and easy to use. Every effort has been made to make it easy for teachers to engage young imaginations directly in exploring health.

The curriculum presents a dynamic new approach to teaching health. Each grade-specific curriculum set, which is presented in a sturdy box, includes:

- a complete teacher's guide
- a reproducible student workbook
- a reproducible booklet of take-home letters

- a classroom set (35 copies) of a hands-on activity poster or student pamphlet that emphasizes important health content

Grades 1 through 6 also include:
- two colorful classroom posters
- a classroom set (35 copies) of each of two student storybooks

To accommodate the special needs of kindergarten classes, the kindergarten level includes:
- five larger, full-color storybooks, designed for teachers to read to children
- six colorful classroom posters
- an additional classroom set (35 copies) of a second hands-on activity poster

At each grade level, special features of the curriculum include emphasis on a particular skill for healthy behavior, a theme animal, student booklets that communicate health themes in fun-to-read stories, posters, a special event and suggestions for involving families and the community in the students' learning. All elements are designed to make learning about health interesting, personal and fun.

The curriculum incorporates a variety of instructional strategies designed to develop and maintain student interest and motivation. Some of the strategies are traditional, while others are more interactive, encouraging students to help each other learn.

Each grade in the curriculum has been designed to be taught in approximately 30 lessons, which would be about one health lesson a week throughout the school year. The lessons may be grouped together, however, and some may require more than one class period per week. We recommend that any given lesson be taught within a one-week period.

Peer Tutoring

Peer helpers and cross-age tutoring are an integral part of *Actions for Health*. Some activities, such as the Special Events, encourage children of the same age groups to work together, and other activities encourage older children to share information with younger ones. For example, in a Grade 2 activity, second graders teach kindergartners how to call for emergency services.

This type of peer interaction has been found to have a very powerful effect on children's learning. It is not only a reinforcing activity for the child in the teaching role, but allows the information to be given in a manner that is easier for the "student" to receive.

Peers are capable of providing each other with support and assistance. They are capable of teaching a variety of personal and interpersonal skills, including communication, assertiveness, self-esteem, decision making, and alcohol and other drug use prevention. Peers can also impart important information and concepts, including HIV/AIDS education.

You and teachers may choose to have students take a major role in the total organization of the special events or to act as health buddies for lower grade students. Children trust and believe other children. Encourage teachers not to let this excellent resource go to waste.

Special Events

Each elementary curriculum grade level includes suggestions for a special event that focuses on or features the projects and the health information taught at that level. We recommend that the special event be a schoolwide and community event. Your help as a principal will be especially needed here. Of course, each of the events may be adapted to meet the needs of your students and community.

You can provide the leadership needed to schedule and publicize the special eventsand can show symbolic leadership by acting as a master of

ceremonies, judge or official. These events provide an opportunity to work on broad community support for your school health program by inviting business people or other community members who may have an interest in a particular topic to participate.

Each event emphasizes that all children should have someone in attendance who is interested in them. Encourage parents to come for their children, or recruit "grandparents" from the community who could be children's special people for the day. The teacher's guides also suggest older children or "buddies" for this role. The following list provides a brief synopsis of each special event. The Teacher's Guide for each grade level has a complete description.

Kindergarten

This event is a play called "The Healthy Children Revue." The play can be as simple or elaborate as the teacher chooses. The script highlights many of the important health lessons children have learned during the year.

Grade 1

This special event can come after **Unit III: Taking Care of Myself Every Day** or at the end of the year. The Teacher's Guide suggests that you be asked to say a few words of recognition to the students. This event also thanks families for their cooperation in home activities such as toothbrushing contracts and home safety checklists. Students will perform briefly, student work will be displayed, and each child will receive a Celebrating Healthy Behavior Certificate.

Grade 2

For this event, you are asked to speak to the family members and other guests about the importance of health education. Community members such as doctors, the school nurse and the guidance counselor will be invited to the event. The skill emphasized at Grade 2 is communication, so this event features that skill. Guests are actively involved with students in various communication activities.

Grade 3

This special event is a Bicycle Safety Show developed around the lessons taught in **Unit VI: Decisions About Safe Bicycling.** We suggest that you conduct a bike rodeo as part of this event. Local police departments or cycling clubs may be willing to help you plan the event. This activity requires a great deal of family and community support. You may wish to begin recruiting at back-to-school night or other meetings early in the year. Ask your home and school organizations for help, too.

Grade 4

This event is a culmination activity for a special project the class undertakes as part of **Unit VI: Health and Social Responsibility.** The class works on a special project involving a local environmental issue, and individual students may choose their own project to work on. Students develop presentations on their projects, and these presentations are shared at the special event.

Grade 5

This special event is a celebration of exercise. Students are asked to create aerobic exercise videos using the concepts they have learned in the lessons in **Unit II: Healthy Choices, Healthy Lifestyle.** At the special event, students perform the routines for their guests.

Grade 6

This event is a Community Service Celebration. It should be coordinated with the community groups the students have worked with in **Unit V: Health and Social Responsibility.** The celebration includes a description of student projects and an awards ceremony. The district superintendent or other community dignitary may be invited to distribute certificates.

Lesson Elements

To increase teachers' ease in using the curriculum, a simple, consistent design guides them through each lesson. The basic elements of the design are described here.

Objective

The objective for each lesson is clearly stated. It establishes the content to be addressed and identifies the behavior to be practiced. Some lessons have more than one objective, and each objective is clearly addressed in the suggested evaluation activity for the lesson.

Time

The time indicated for each lesson is an approximate measure, based on a 30–50 minute class period, depending on level. The actual time required to complete all activities in a given lesson will vary, depending on student interest and ability. Lessons that will probably require more than one class period to complete are indicated.

Overview

The overview briefly discusses the concepts that will be dealt with in the lesson and describes the procedures involved.

Integration

For most lessons, we have suggested appropriate subjects for integration of the health curriculum. We encourage integration as a way to enhance learning.

Teacher Materials and Preparation

Each lesson includes a list of the materials and resources teachers need to complete the lesson. Teachers will need certain basic materials, including chalkboard and chalk, or posterboard or chart paper and

markers. Students will need pencils or pens to complete the worksheets and paper on which to take notes. Other supplies teachers or students will need, such as art supplies, are indicated for each lesson.

Many teacher pages present information to students as a group. If teachers have an overhead projector available, these pages can be made into transparencies. Teachers can also enlarge the pages to make posters to show the class or copy the information onto the board.

Procedure

The procedure provides a step-by-step guide to presentation of the lesson. Each lesson contains skills-based activities that provide students appropriate practice with both the content and the behavior indicated in the objective.

Center Connection

Because learning centers are an important part of the kindergarten curriculum, the center connection provides suggestions for setting up learning centers around the activities in a lesson. These suggestions are fairly unstructured, allowing you to adapt the activity to your classroom routine.

Evaluation

Each lesson provides the teacher with one or more methods for evaluating student performance on stated objectives. The methods are listed following the procedure section of each lesson. Evaluative methods include analysis and comment on worksheets and other materials, as well as observation of individual responses.

It is impossible to measure objectively, quantitatively or qualitatively the development and maintenance of many health-related skills, and it is inappropriate to grade student work that is reflective of individual feelings, beliefs or behaviors. Therefore, the evaluation methods serve as tools to assess students' participation and cognitive learning from each lesson.

Home/Family Involvement

Many lessons include suggestions for Home/Family Involvement. Family and community involvement is an important aspect of a comprehensive health curriculum. The health knowledge and skills students gain in the classroom need to be supported and reinforced at home and in the community.

Several lessons include letters about the curriculum to send home. Teachers are also encouraged to invite family members and other volunteers to help them in the classroom as they teach these activities. The lively student booklets have been designed to be taken home and read with family members. Individual teachers can decide whether the booklets are consumable. They certainly can be brought back to school for use in future years.

Follow-Up/Extension

Many lessons also include suggestions for Follow-Up/Extension activities. These activities can help extend and enhance the lesson. Teachers are encouraged to use these activities as appropriate for their classes.

Suggested Resources

Some lessons contain suggestions for additional resources, which can be used to supplement the material provided. Some resources offer additional information for teachers, some suggest activities to enhance students' learning, and some offer information for parents and families. None of these resources are needed to complete the lessons. Encourage teachers to make use of these suggestions as they see fit.

Teachers' Responsibilities

Many aspects of a health curriculum deal with sensitive subjects that require a careful approach to teaching. You may wish to review your district's policies with your staff prior to instruction. Curriculum activi-

ties have been carefully developed for appropriateness. However, it is not possible to meet the specific guidelines for all districts.

Classroom atmosphere is critical when teaching sensitive topics. Teachers are encouraged to establish classroom conditions and groundrules that contribute to feelings of security, autonomy, belonging, purpose and personal competence. Teachers are also encouraged to arrange their classrooms in a circle or horseshoe configuration for discussions involving the whole class so that classmates can see each other. This seating arrangement encourages interaction and promotes a more relaxed atmosphere.

It is also important for teachers to be aware of the maturity level of their students and to adjust lesson activities and content accordingly. They should involve students' family members as appropriate.

Teachers may need to discuss their own comfort level with teaching health-related content. You may wish to devote a staff meeting to discussion of their concerns and to developing ideas for maintaining their comfort level as well as that of their students.

Groundrules

Teachers are encouraged to provide a comfortable, positive and secure classroom environment. Some suggested groundrules include:

- Treat each other with respect and courtesy.
- Listen carefully to others.
- Allow others to speak without interruption.
- Be supportive of others. No put-downs allowed.
- No question is stupid or wrong.

If you have schoolwide rules at your school, you may want to incorporate these or similar ideas into your existing school rules.

Students should be assured from the beginning that they have the right to pass during any discussion or activity that involves personal opinions, feelings or experiences. Teachers must be sensitive to students' feelings and provide an element of privacy for personal assessments.

Depending on your district's policies, some family members may request that students be excused from some lessons. Develop alternatives for these students that maintain their dignity and self-worth. You may wish to hold a special meeting with parents and other family members to discuss the content of the new health curriculum and to reassure parents and other caregivers that their children's privacy will be maintained. (See Appendix D for a suggested agenda for this meeting.)

Responding to Student Questions and Concerns

Questions about any aspect of health may be sensitive or difficult to answer. When students ask questions about sensitive issues, teachers are encouraged to consider the following points:

- What is the student really asking?
- Why is the student asking the question?
- What does the student already know?
- How much information does the student need?

If students begin to disclose information about personal or family problems during class discussion, teachers should tell these students that they will discuss the situation privately. Then they should immediately establish a time for this discussion. Teachers are encouraged to follow these guidelines when discussing students' personal concerns:

- Listen carefully; ask questions only to clarify information.
- Praise the child for telling someone about her or his concern.
- Validate the child's perceptions.
- Reassure the child that it is not his or her fault.
- Encourage the child to talk to parents or appropriate family members about the concern.
- Encourage the child to take good care of herself or himself—to eat healthy food, get enough rest, spend time with friends, work hard in school.
- Contact parents or other family members about the child's concerns, if appropriate.
- Follow district policy and state laws regarding reporting the disclosure to appropriate authorities.

SECTION

3 Home and Family Involvement

Family and community involvement is an important aspect of a comprehensive health education program. Families are the primary lifestyle educators of their children. The health knowledge and skills students gain in the classroom must be supported and reinforced at home and in the community.

Research is clear on the benefits of strong home and school relations. Not only do students achieve more academically when families and community members are involved in the school, the involved adults also report more positive feelings toward the school. Behavior problems are minimized and teachers report that they feel better about their work (Liontos, 1991).

A wonderful synergy is created when school personnel, parents and other family and community members work together to create positive learning experiences for children. But a vibrant home and family involvement program doesn't spring to life on its own. Such a program must be cultivated and nourished by the school staff, with leadership from the principal.

At every grade level, *Actions for Health* has suggestions for home and family involvement, including letters on a variety of topics that can be

sent home with students. The letters offer health information for families and children, suggest activities for family health and describe difficult topics. The letters were developed to accompany specific lessons. We suggest that you encourage your teachers to use the letters as a tool to develop family and community involvement. Of course, letters may be adapted to meet local needs. See Appendix C for a list of letters by grade level.

In addition to the letters, the *Actions for Health* curriculum has other elements designed to assist in your home and family involvement program. These include:

- Activity posters (Kindergarten through Grade 3)—These interactive posters feature suggestions for family activities around specific health themes.
- Pamphlets (Grades 4 through 6)—These pamphlets, designed to appeal to preteens, can be shared with families.
- Student booklets (Grades 1 through 6)—Each grade level includes two *Actions for Health* student booklets. These are entertaining stories, written around specific health themes, which children are encouraged to share with their families.
- Special events—Each grade level includes suggestions for a Special Event, which you can use to involve the school community, family members and the wider community.

Types of Family and Community Involvement

Joyce Epstein, in a summary of the literature on parental involvement, listed five types—parenting, communicating, volunteering, learning at home and representing other parents (Epstein, 1989). Each type of involvement requires various practices and results in different outcomes. Each is important as you implement *Actions for Health.*

Parenting

One of the goals of your home and family involvement program should be to assist parents in their primary role, that of being parents. Many parents have a very difficult time with this role, which has become even more complicated in recent years. Many families no longer have support systems such as extended families, the church or strong community affiliations. Family members may be single parents coping with job stress or unemployment, limited resources, poor health care and other problems of our society.

The school is in a perfect position to support families by offering workshops on home management, child rearing, communication, social services and other issues of direct benefit. These services can increase parents' and other caregivers' self-confidence, provide them with much needed information and assist them in establishing home conditions that foster learning.

Communicating

If parents and other family members are to be fully involved in their children's education, we must find better ways of communicating with them. Traditional avenues have included report cards, parent/teacher conferences and home-and-school nights.

Effective communication assists families in understanding school programs and policies, helps in their interaction with teachers and enables them to monitor their children's progress.

Volunteering

This type of involvement requires that parents and other family members take a very active role. It may include serving as classroom volunteers, room mothers or fathers, chaperones for various events or special events helpers. Participation of this type is more common in the primary grades, but, if encouraged, can continue well into the upper grades.

Family members who volunteer at school understand school programs better, become more familiar with teachers and are more comfortable at school.

Learning at Home

This type of involvement involves providing families with activities to do at home with their children. In the *Actions for Health* curriculum, the Home and Family Involvement component includes suggestions for such activities. Family members are encouraged to fulfill their roles as children's primary teachers.

Such activities benefit family members by allowing them to interact effectively with their children as learners. If materials are clearly written, family members don't have to worry about teaching children the wrong thing. These activities allow families to act as partners with teachers and actively participate in their children's education.

Representing Other Parents

Parents and other family and community members can also serve as representatives of the community. Our schools are more relevant and alive when we are in constant contact with our consumers. Parents and other family members who are knowledgeable about the school can act as able advocates for all children in the school. Their perspective is invaluable because they know firsthand the impact we are having on our students.

Family representatives can gain a great deal from fulfilling this role. Their increased confidence and knowledge can assist them in their careers, in dealing with other agencies and in advocating for their children in other areas. They develop increased feelings of control of their children's environment and greater confidence in their ability to have an impact on the larger community outside the family.

The Benefits of Home and Family Involvement

Research on what families want from principals and teachers has conclusively shown that parents want a partnership with the school (Lindle, 1989). They are pleased with activities offered for them, especially those that enlist them as partners in fighting against drug and alcohol use.

Families are very appreciative of schools' awareness of their needs, especially restrictions on their time because of work schedules. They suggest that, when possible, day and evening activities be planned.

Parents report disliking typical parent/teacher conferences. They dislike the "professional/client" relationship that typical conferences engender. They prefer more informal interactions, phone calls, notes home or quick discussions when they are at school.

Parents dislike a cold, businesslike approach and prefer a warm, respectful atmosphere. They like being included as equal partners in their children's education. They want to be able to share their insights into their children's behavior and learning. They want their interaction with the principal and teacher to be personal.

Home and family involvement provides benefits to more people than just the family members involved. Students, teachers and principals all benefit from a strong, involved community.

Student Outcomes

When families are involved in schools, outcomes for students range from increased respect for their parents to achievement in specific skills. Children feel more secure and attendance improves. Their comfort level with school increases, which results in easier communication with adults, especially those in authority. Their self-concept as learners increases and, with it, the confidence to make good decisions.

Teacher Outcomes

Teachers benefit from family and community involvement as well. When teachers see family members more often than twice a year for parent conferences, they gain a greater understanding of the individual family dynamics as well as family cultural values. They then understand their students better and make better program decisions.

Having parents and other family members as allies is another great benefit to teachers. The ability to call a parent or other family member to ask for assistance with a problem behavior or learning difficulty lessens the burden on the teacher and creates a partnership in solving the problem.

Principal Outcomes

The principal benefits as well when a strong home and family involvement program is in place. You, too, are aided by alliances with individual parents or other family members when children have difficulties. The ability to call the family and know that there will be follow-through dramatically reduces the time you will have to spend remediating problems.

An active, involved group of parents and other family and community members allows you to monitor the pulse of the community and helps avoid surprises when a new program or policy is introduced. Awareness of the various perspectives in your community can help you avoid problems as textbooks are adopted, new materials are introduced and new activities are undertaken.

Improving Your School's Home and Family Involvement Program

The first step in improving your school's program is to assess your current efforts. What is happening that is working well? Ask school staff and as many family and community members as possible this question. Next, ask staff how they feel about home and family involvement.

Check their comfort level. Describe the five areas of involvement and have staff assess each one. Enlist their support to improve family participation.

When you have built some staff enthusiasm, being sure to communicate to teachers the benefits of active home and family involvement, develop a needs assessment for families. Develop a survey that will elicit input in each area of family participation.

Start small and plan to build activities over the next few years. The special events in the *Actions for Health* curriculum are an excellent place to start. Be sure families expect the home-to-school communications from the curriculum. Send a letter home the first week of school explaining the role of the family in teaching about health. Put something in your monthly newsletter about the health program. (Appendix E includes some print-ready newsletter items to assist you.) Following are some additional ideas for improving parent involvement at your school.

Making Home-and-School Nights Work

- Provide food; potlucks.
- Provide child care.
- Provide transportation.
- Have a student performance.
- Invite the entire family.
- Develop a clear theme for the evening and publicize it.
- Include parents and other family members in planning.
- Solicit help from your PTA or Home-School Club.
- Organize the evening around a holiday.
- Phone families prior to the meeting.
- Couple a home-and-school night with parent conferences.
- Send out fliers through several organizations, such as Migrant Education.
- Write invitations in a language family members can read.
- Have children return invitations to school signed by a family member.

- Give raffle prizes to students who return signed invitations.
- Offer a day and an evening meeting time.
- Bring in a well-respected community speaker.

Ways to Provide Family Education

- school newsletters
- local newspaper
- workshops
- children teaching adults
- cable TV
- open house
- field trips
- student fairs
- parent/student exchange days
- ethnic days (food, cultural activities)
- videos shared at home with families
- lending library
- audio tapes
- family visits to class
- homework to do with students
- parent conferences
- preview nights for family and community members
- counseling
- parenting classes
- guest speakers
- PTA/Home-School Club
- home textbooks as well as school textbooks
- recommended television programs
- written information for families on music, media (i.e., content)
- home visits
- student-generated projects

Tips for Involving Families in the Classroom

- Use the talents of family members (e.g., nurse, doctor, pharmacist, carpenter, artist, mechanic).
- Provide daycare for families with babies or small children.
- Encourage family members to bring in family artifacts, home movies, pictures, etc.
- Provide a place for adults who work in the classroom to take a coffee break.
- Ask family or community members to translate materials or interpret for others.
- Invite family and community members to share information about their careers.
- Ask for specific help (e.g., one field trip or party).
- Ask family members to tutor students.
- Have a class panel discussion with family members.

Tips for Enhancing Home-and-School Cooperation

- Keep families informed (newsletters, bulletins).
- Let students make invitations to events.
- Provide a preview time for parents and other family and community members to become acquainted with new materials.
- Value and validate families via positive letters and phone calls.
- Ask for help on a personal contact level.
- Support your existing home-and-school or PTA organizations.
- Have ethnic luncheons.
- Consider creating a position for a home/community liaison.
- Install an answering machine and keep outgoing messages current.
- Establish an advisory committee with representatives from families and the community.
- Offer workshops that parents and other family members request.
- Offer your school as a community center.

- Provide literacy classes or other classes to enhance the lives of family and community members.
- Be sure your teachers feel supported in their efforts to involve families.
- Provide training for your teachers on dealing with "difficult people."
- Have principal's coffee time or "open office" on a regular basis.
- Be sure family and community members have a meaningful role in decision making.

SECTION

4 What Is a Comprehensive School Health Program?

Schools, perhaps more than any other single agency in our society, have the opportunity to positively influence the present and future health of children. Schools can address the complex issues that today's children face by providing comprehensive school health programs.

A comprehensive school health program is more than a curriculum of instruction; more than having policies, procedures and personnel in place to assure care for sick students; more than establishing and enforcing safety regulations; more than offering healthy food choices in the cafeteria; and more than providing counseling services or a school curriculum that includes physical education. A comprehensive school health program is all of these and more.

A report of the Joint Committee on Health Education Terminology (Association for the Advancement of Health Education, 1990) has defined the comprehensive school health program as:

> . . . an organized set of policies, procedures and activities designed to protect and promote the health and well-being of students and staff, which has traditionally included health services, healthful school environment and health education. It should also include, but not be limited to, guidance and counseling, physical education, food service, social work, psychological services and employee health promotion.

Components of a Comprehensive School Health Program

The comprehensive school health program traditionally consists of three major components: school health education—activities related to the instructional aspect of the comprehensive school health program; school health services—activities related to the health status of students and staff; and healthy school environment—activities that promote healthy physical and psychological surroundings.

School Health Education

School health education includes the development, delivery and evaluation of a planned, sequential instructional program. An effective program addresses the physical, mental/emotional and social needs of students in preschool through grade 12. This instructional component also provides opportunities for parents and staff to develop skills that will enable them to help students make healthy choices throughout their lives. To be effective, instruction around health information and skills must be combined with the opportunity to practice healthy behavior and to reinforce the healthy choices of others. Figure 1 shows the key elements of a comprehensive school health education program.

The knowledge, understanding and support of teachers and administrators is essential for the success of health education. Interaction and cooperation among educators, families and community members is important to take the health practice beyond the classroom to the school, home and community. Successful school health education programs include preservice and inservice training, routine evaluation and periodic updating of the instructional curriculum.

The *teaching* part of a comprehensive school health program includes the development, delivery and evaluation of a planned curriculum with goals, objectives, content sequence and specific classroom lessons in various health content areas.

Figure 1

Key Elements of Comprehensive School Health Education Programs

In a call for a "new kind of health education" for our nation's schools, the U.S. Centers for Disease Control and Prevention have identified the following elements of a comprehensive school health education program:

1. A documented, planned and sequential program of health education for students in kindergarten through grade 12.
2. A curriculum that addresses and integrates education about a range of categorical health problems and issues (e.g., HIV infection, drug use, drinking and driving, emotional health, environmental pollution) at developmentally appropriate ages.
3. Activities to help young people develop the skills they will need to avoid:
   - behaviors that result in unintentional and intentional injuries
   - alcohol and other drug use
   - tobacco use
   - sexual behaviors that result in HIV infection, other sexually transmitted disease and unintended pregnancies
   - imprudent dietary patterns
   - inadequate physical activity
4. Instruction provided for a prescribed amount of time at each grade level.
5. Management and coordination in each school by an education professional trained to implement the program.
6. Instruction from teachers who have been trained to teach the subject.
7. Involvement of parents, health professionals and other concerned community members.
8. Periodic evaluation, updating and improvement.

Source: Centers for Disease Control and Prevention, 1993.

School Health Services

School health services offer a variety of activities that address the health status of students and school staff. These activities include maintenance of health records, routine health screening and referrals, emergency care of sick or injured students and staff, and health education. School health services also work with teachers to make curricular modifications for students with special health needs.

A quality health services program with trained personnel is an important component of the overall school health program. It can make significant contributions to the health of individual students as well as the overall school environment. School health personnel may include a nurse, physician, dentist, dietitian and psychologist. Ideally, these personnel work collaboratively with administrators, teachers and other school staff to meet the health needs of students.

Healthy School Environment

A healthy school environment includes both the physical and psychological surroundings where students study and faculty and staff work. Administrative policies, codes and regulations can address potentially harmful or dangerous situations that may cause physical sickness or injury.

At the same time, the school environment can do much to foster healthy psychological development and minimize psychological hazards. Staff and faculty should model healthy physical and emotional behavior. Schools can provide students with a safe environment for positive interaction with peers, successful communication with others and reinforcement for the behaviors that foster health and self-esteem.

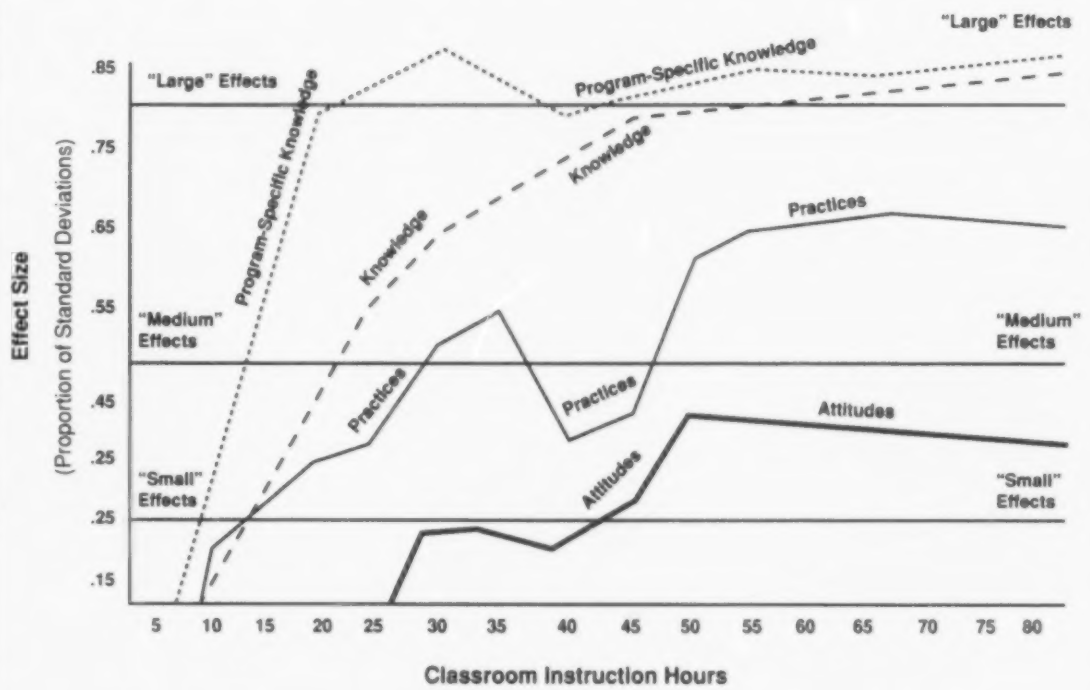
School Health Education—Does It Work?

Research indicates that school health education positively affects students' knowledge, attitudes and behaviors. National evaluations indicate that

school health education works best when it includes teacher training and integrated materials, when it is implemented with continuity across grades, and when it builds on a foundation of basic health knowledge. The developers of the Contemporary Health Series are committed to the idea that a planned comprehensive school health program is the best way to assist students to choose and practice healthy behavior. The effectiveness of school health education increases with increased time spent on instruction, as indicated in Figure 2.

Figure 2

Relationship of Effect Size and Instruction Hours for Health Knowledge, Attitudes and Practices



Source: *Journal of School Health* (October 1985), Vol. 55, No. 8.

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The Relationship Between Health and Learning

Educators have long recognized the relationship between good health and learning. We all realize that a sick child is not teachable. We also know that schools are in the best position not only to teach children about health, but also to provide health services. As you implement *Actions for Health,* consider strengthening the overall health services at your school. In order to do so, you may need some facts to share with reluctant staff or family or community members regarding the state of children's health in the United States.

The following information is taken from *Beyond the Health Room,* a report published by the Council of Chief State School Officers in 1991. (Adapted with permission from the Council of Chief State School Officers.)

The Health Status of Children and Youth

Too many of our country's children and youth are at risk from a health as well as an educational standpoint. The statistics paint a bleak picture of the health of America's children and youth:

- Hundreds of adolescents have been diagnosed with AIDS; thousands more are infected with HIV and will face AIDS when they are in their twenties (Centers for Disease Control and Prevention, 1990).
- Nearly half of 16 and 17 year olds report drinking alcohol during the past month, as do more than a third of 14 and 15 year olds (U.S. Department of Health and Human Services, 1988).
- Suicide is a leading cause of death for young people ages 15 to 24, second only to accidents (Miller et al., 1989).
- Only 40 percent of students ages 11 to 17 regularly participate in appropriate physical activity, even though inadequate exercise as a child sets the stage for adult heart disease, obesity, and other health problems (Ross and Gilbert, 1985).

These statistics document a pattern of poor health among children and youth that is tragic for the individual and expensive for our nation.

Undetected and untreated, minor childhood problems frequently become serious and costly.

As with adults, many of the health problems of young people are related to lifestyle. Consequently, many of these problems can be avoided when people have adequate health knowledge—and the motivation and confidence needed to translate knowledge into healthy behavior. Schools are in a prime position to provide this catalyst for healthy behavior.

The Special Health Needs of At-Risk Children and Youth

Often, children who are at risk of school failure are also at risk of poor health. These at-risk young people disproportionately include racial and linguistic minorities, the poor and the disabled.

Low-income adolescents are much more likely than their higher income counterparts to be in poor health. In a nationwide survey of adolescents ages 10 to 18, 41 percent of those from families with incomes below the poverty line were in only "good" or "fair or poor" health (as opposed to "excellent" or "very good" health). For those above the poverty line, only 19 percent fell into the bottom two categories (Newacheck, 1989). Many of these low-income adolescents have untreated health problems and live in dangerous environments. Too few have reliable information about health, and many have no health insurance.

These same young people typically have had the least success with the health care delivery system. They often receive only crisis-oriented, inconsistent and impersonal health care. Health care providers from different cultural and socioeconomic backgrounds may neither understand nor respect the health practices and cultural values of low-income, minority, or limited-English-proficient children and their families.

To be successful, health promotion efforts must reflect the cultural and ethnic diversity of the student population. And those who provide services must work closely with communities to overcome the barriers to good health care that these differences can impose.

Most young people at educational risk also exhibit risky health behaviors. Low academic achievement, school misbehavior and school drop-

out often go hand in hand with early sexual activity and childbearing, early tobacco and alcohol use, heavy drug use and delinquency. In analyzing studies of problem behaviors among youth, researcher Joy Dryfoos (1987) describes a spiral that starts with early school failure, escalates into minor delinquent offenses and culminates in heavy substance abuse, serious delinquency, early childbearing and school dropout.

Some students who are at risk of dropping out of school also abuse alcohol and other drugs. The most effective approaches for these students are those most relevant to their lives. Each community should devise drug use prevention plans based on the drugs used most commonly in their locality—whether beer, chewing tobacco or crack cocaine.

Girls who are (or may become) pregnant, as well as those who are already teenage mothers, are a large at-risk group of students. These students need good prenatal care and clear information about a range of issues, including nutrition, childbirth, well-baby care, parenting skills, family planning and the damage that drug use can cause to the developing fetus. They also need a supportive environment that encourages them to stay in school.

HIV infection poses a new and life-threatening risk to adolescents. HIV infection and AIDS—as well as other sexually transmitted disease—are increasing rapidly and must be addressed as part of a school health program. One-fifth (31,000) of people with AIDS are in their twenties (Centers for Disease Control and Prevention, 1990). Because AIDS symptoms may take many years to develop, many if not most of these people became infected with HIV as teenagers. Many of the young people who are at risk of HIV infection because of injection drug use or unprotected sexual intercourse are also at risk of school failure.

Heterosexual transmission of HIV is increasing, a fact that has especially serious implications for young girls who have sexual intercourse with (generally older) HIV-infected males. Women who have an STD (such as genital warts) may be more likely to become infected with HIV during heterosexual intercourse (Quinn et al., 1988).

Among teenagers, the HIV infection rate for girls is consistently higher—sometimes several times higher—than the rate for boys. This is exactly opposite of the pattern in older populations. (For example, overall, the male AIDS rate is almost nine times that of females.) While the largest difference was found in a Washington, D.C., study—where the HIV infection rate was 4.7 per 1,000 for teenage girls, compared to 1.7 per 1,000 for boys—other studies of teenagers have documented the same pattern (D'Angelo, 1989; Quinn et al., 1988; Burke et al., 1990).

This high susceptibility of teenage girls to HIV infection has direct implications for HIV/AIDS prevention education programs in schools and communities. Girls need to understand that they can contract the HIV virus through heterosexual intercourse. And girls (and their male partners) need to know that a female infected with HIV may pass the infection on to her child during pregnancy, childbirth or breastfeeding.

How Well Is Our Country Meeting These Needs?

To answer succinctly, not very well. In a 1988 survey of 52 cities, almost all mayors (88 percent) reported that the health and mental health care needs of low-income children were increasing, and 94 percent reported that substance use problems for all children were on the rise (U.S. Conference of Mayors, 1988). Although recent studies show a decline in drug use among high school seniors, these figures exclude the many who drop out of school and never enter the twelfth grade.

An increasing number of children are uninsured—with the result that they do not get needed health care until they are in crisis, if at all. More than 30 percent of poor children have no health insurance coverage, compared to 9 percent of children from families with incomes above the poverty line (Newacheck and McManus, 1989). In low-income urban areas, where most school-based health clinics are located, the rates are even worse. More than half of students using these clinics have no other source of primary health care, and a third have no health insurance (Center for Population Options, 1989).

The Role of Schools in Meeting the Health Needs of Children and Youth

Schools can provide the ounce of prevention today that makes a pound of cure unnecessary tomorrow. Schools have access to young people unrivaled by any other institution. Schools are the only source of accurate health information and the only stable environments that many children and youth know.

Their ready access to young people means that school staff may be the first to identify emerging health problems in a child or adolescent. This access also means that schools can be a catalyst for coordinating the often bewildering array of fragmented services and programs in a community.

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APPENDIX

A Scope and Sequence for *Actions for Health*

The scope and seuence chart provides an overview of the *Actions for Health* curriculum. The content indicators, based on lesson objectives, illustrate how the range of health content is addressed in developmentally appropriate ways at different grade levels.

The Contemporary Health Series is organized around six areas of emphasis. These areas correlate to specific health problems identified by the U. S. Centers for Disease Control and Prevention and to the ten basic health content areas. Although the curriculum units in *Actions for Health* are loosely organized around these six areas of emphasis, the scope and sequence chart is organized by the ten basic health content areas, because the traditional content areas are more likely to match state frameworks.

Actions for Health

	Mental and Emotional Health	Family Life	Nutrition	Substance Use Prevention	Personal Health and Fitness
K	• self esteem: ways they are special • things they like to do • talking about feelings	• homes around the world • manners • what a family is • family customs • family responsibilities	• foods that help the body • food groups • healthy breakfast foods 	• poisons • healthy habits • healthy decisions	• hand washing • sunscreen • teeth • five senses
1	• favorite activities • personal uniqueness • special characteristics of peers • identifying feelings • ways to manage feelings	• body parts • variety of families • ways family members care for each other • family activities and traditions 	• healthy snacks	• helpful and harmful substances • healthy choices about drugs • importance of not smoking • healthy and unhealthy habits	• body parts • dental health • five senses • healthy and unhealthy habits
2	• listening skills • communication • body language • positive and negative messages • expressing anger and strong feelings • ways to communicate friendship • coping with stress • communicating appreciation at school	• body parts • family changes • different points of view • communicating appreciation at home	• nutrient-rich foods 	• healthy drinks for children • saying no • free-time activities	• body parts • characteristics of infants • differences between infants' and toddlers' behavior • activities that promote fitness • medical check-ups • actions to take when not feeling well
3	• individual uniqueness • decision making • cooperative and considerate behaviors • characteristics of friendship	• family roles and responsibilities • cooperative and considerate behaviors 	• foods that help the body stay healthy • healthy meals and snacks	• techniques for saying no • positive and negative peer pressure • prescription and OTC drugs • reasons not to use alcohol or tobacco • saying no to drugs	• ways to improve fitness • physical activity • rest and exercise
4	• ways to enhance self-esteem • decisions about health and safety • influences on decisions • qualities of friendship • positive and negative peer pressure • techniques for saying no	• family values • conflict resolution/negotiation	• nutrients • digestive process • five food groups • function of foods	• proper use of medicine • classification of medicines • reasons for not using alcohol or tobacco • saying no to tobacco, alcohol and other drugs	• ways to protect the skin • body systems • growth factors • activities for health and fitness • healthy choices about rest and sleep
5	• positive and negative stress • dealing with stress • communication skills • relaxation techniques • personal support systems	• family responsibilities • ways to handle family stresses	• five food groups • food labels 	• influences on drug use decisions • effects and problems of drug use • marijuana and inhalants • avoiding drug use	• healthy lifestyle • benefits of rest and exercise • growth patterns and puberty • personal hygiene
6	• importance of goals • goal-setting process • short-term and long-term goals • steps to achieve goals • personal and social skills • coping with stress •ways to say no	• human reproductive process • sexual responsibility	• nutrition • body image • eating disorders	• ways to say no • steroids • influences on drug use • avoiding use of needles • peer, school and community resources for drug use prevention	• environmental, genetic and behavioral factors that affect health • health and fitness • oral health • puberty • reproduction

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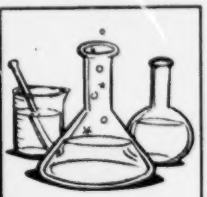
Scope and Sequence

	Disease Prevention and Control	Injury Prevention and Safety	Consumer Health	Community Health	Environmental Health
K	• hand washing • sunscreen	• safety getting to and from school • phone numbers and addresses • getting adult help • emergency drills • touch		• emergency helpers • manners	
1	• how germs are spread • communicable and noncommunicable health problems, including HIV/AIDS	• bus safety • pedestrian safety • good and bad touches • preventing accidental poisoning • obtaining help in emergencies	• health helpers	• health helpers	• actions that are good for the environment
2	• communicable disease • HIV/AIDS transmission • avoiding illness, including HIV/AIDS • safe choices about medicine	• simple first aid • reporting an emergency • fire safety • conflict resolution	• misleading advertising messages • health workers in the community	• health workers in the community	
3		• making safe decisions • kitchen safety • safety hazards at home and school • safe behaviors in the car • bicycle safety			• air, water and land pollution • the three Rs—reduce, reuse, recycle • environmental impact of actions
4	• germs • viruses • HIV transmission	• techniques for saying no • positive and negative peer presssure • negotiation • conflict resolution • fire safety	• common advertising techniques • evaluating ads for health care products		• effects of air, water and land pollution • environmental protection • ways to improve the environment
5	• chronic disease • lifestyle and chronic disease • disabilities • how HIV affects the immune system • ways to prevent HIV infection	• preventing recreational injuries • water safety • preventing gun-related injury • rescue breathing and Heimlich maneuver • recognizing and reporting child and sexual abuse	• food labels • health products and services • misleading ads for tobacco	• health care professionals	
6	• body image and eating disorders • HIV/AIDS and other STDs • preventing HIV transmission	• ways to say no • emergency actions • conflict resolution • negotiation	• community health information and services	• personal responsibility for health • volunteer opportunities in health • public response to disease, including HIV	• personal responsibility for the environment • volunteer opportunities in environment

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APPENDIX

B Overview of *Actions for Health* by Level

Overview of Kindergarten

The three lessons in **Unit I: Safety at School and at Home** emphasize important safety and injury prevention concepts. The lessons present information and concepts that are usually taught at the beginning of the school year—getting to and from school safely, learning telephone numbers and addresses, and fire drill and other emergency drill procedures.

Unit II: We Are All Special begins with two lessons about some of the differences among people. These lessons emphasize that our differences help make us special. Three lessons on manners help children learn the importance of showing respect for other people's feelings. The unit also includes a lesson about how to handle feelings and a lesson about good and bad touches.

The lessons in **Unit III: Staying Clean and Healthy** focus on personal health. In the first three lessons of this unit, children learn about the importance of washing hands, protecting the skin from sunburn and caring for the teeth. The next five lessons each deal with a different one of the five senses.

Unit IV: Food Helps the Body helps children learn about foods that help the body stay strong and healthy. The four lessons in this unit

include information about the food groups and healthy breakfast choices.

The first lesson of **Unit V: Poisons, Medicines and Other Dangerous Substances** helps children identify and stay away from poisons. The second lesson emphasizes that medicines are drugs that can make you sick if used incorrectly. The next two lessons deal with health habits and making healthy choices and decisions.

The three lessons in **Unit VI: My Family** focus on families, including family customs and family responsibilities.

Overview of Grade 1

The Grade 1 curriculum begins with **Unit I: Me, Myself and I**. The five lessons in this unit deal with self-awareness. These lessons provide the foundation for talking about health with others and emphasize that each person is unique and special.

Unit II: I Am Part of a Family helps children understand the importance of families. These four lessons acknowledge the diversity of families and help children identify special attributes of their families.

The seven lessons in **Unit III: Taking Care of Myself Every Day** deal with daily habits that are important for health, with an emphasis on dental health. This unit also includes information about healthy food.

Unit IV: Everybody Gets Sick Sometime has two lessons on disease. Concepts are presented in a concrete way to establish a foundation for understanding disease, including HIV/AIDS, when this topic is presented at higher grades. Students are introduced to the concepts of communicable and noncommunicable diseases and are given information to help them avoid the spread of communicable diseases.

Unit V: Keeping Myself Safe has five lessons that cover a variety of safety topics. The unit begins with lessons on bus safety and pedestrian safety. The unit includes two lessons on personal safety that help children understand confusing touches and emotions and teach them steps they can take to protect themselves.

Unit VI: No Drugs for Me begins with a general discussion about helpful and harmful substances. This approach helps students understand the relationships among poisons, medicines, other drugs and foods, and sets the stage for more detailed discussions about drugs in later grades. The five lessons in this unit include a lesson on poisons and lessons on some harmful drugs (gateway drugs), including tobacco. Beginning drug education early allows the no-use message to be reinforced over time.

The two lessons in **Unit VII: Health Helpers in the Community** discuss the roles health personnel and environmental helpers play in helping people stay well and avoid illness. Students also learn what roles they can play in these areas.

Overview of Grade 2

The Grade 2 curriculum begins with **Unit 1: The ABCs of Communication.** The seven lessons in this unit introduce students to a variety of communication skills, including communicating about feelings, body language and ways to handle strong feelings. These communication skills will be reinforced throughout the curriculum.

In **Unit II: Family Life and Communication,** students learn to extend the communication concepts introduced in Unit I to family relationships. This unit includes lessons on how family members help each other and lessons on growth and development. Students compare differences among babies, toddlers and children their age. The unit ends with a lesson on coping with family change. There are five lessons in this unit.

Unit III: Communicating the Importance of Daily Health Habits begins with a lesson that introduces students to some basic body parts and their functions. The other two lessons in this unit stress the importance of exercise and nutritious food to keep the body healthy.

The four lessons in **Unit IV: Communicating with Health Helpers** explore the ways that medical personnel and other health helpers help maintain health. In addition to a lesson on medical check-ups, students learn some simple self-care procedures to use when they are slightly ill or have a minor injury. The lessons also include information about how

disease is spread and a reassuring lesson on HIV/AIDS, which emphasizes that the virus that causes AIDS is not easily transmitted.

The three lessons in **Unit V: Communicating About Drugs** are designed to provide early knowledge and begin developing the skills students need to say no to drug use as they get older. The first lesson focuses on alcohol, one of the "gateway" drugs. The other lessons offer students practice in saying no and suggestions for safe leisure activities.

Unit VI: Communicating in Difficult Situations provides information and practice on emergency procedures, including fire safety. It also includes two lessons on conflict resolution, at a level appropriate for second graders. There are four lessons in this unit.

There are two lessons in **Unit VII: Communicating About Health in the Community.** The first lesson encourages students to take a critical look at advertising, including children's television advertisements and tobacco advertisements. The final lesson features a community health net activity, which provides an opportunity to review all the health helpers students have learned about during the curriculum.

Overview of Grade 3

The Grade 3 curriculum begins with **Unit I: Decisions, Decisions, Decisions.** In these four lessons, students learn to apply the decision-making process to choices they make in their daily lives. Throughout the curriculum, students are taught to use specific decision steps as they learn more about making health choices.

The five lessons in **Unit II: Decisions About Getting Along with Others** focus on learning to work together and get along with others both at home and at school. They emphasize the importance of cooperation and consideration. The last lesson in this unit helps students recognize dangerous situations and provides practice in saying no.

Unit III: Decisions to Help You Stay Healthy provides information and decision-making practice in the areas of fitness, rest, nutrition and disease prevention. There are seven lessons in this unit.

The three lessons in **Unit IV: Decisions About Personal Safety** deal with safety issues around the home, including the kitchen, and in the car.

Unit V: Decisions About Drugs discusses the differences between drugs that help the body (medicine) and dangerous drugs, with an emphasis on the dangers of tobacco use. These three lessons include information about using medicine safely and the dangers of drug use, and encourage students to make a decision not to use tobacco or other drugs.

The two lessons in **Unit VI: Decisions About Safe Bicycling** focus on making safe decisions about bicycling, including wearing a helmet.

In **Unit VII: Decisions About the World,** three lessons introduce students to the topics of pollution and protection of the environment.

A final lesson provides an opportunity for students to review the healthy decisions they have learned to make during their study of the curriculum.

Overview of Grade 4

The first unit of the Grade 4 curriculum, **Unit I: When to Say Yes, When to Say No,** offers eight lessons introducing some of the skills needed to be assertive about making healthy choices. Lessons deal with the importance of making healthy choices, decision making, choosing friends, resisting peer pressure and learning to say no without losing friends.

Unit II: Being Special and Staying Well includes nine lessons on personal health and nutrition. It introduces students to the systems of the body, emphasizing the importance of making healthy choices to care for the body and its systems.

The three lessons in **Unit III: Resisting Substance Use** help students understand the differences between medicines—drugs that help the body—and other drugs. The unit includes a lesson to help students use their assertiveness skills to say no to drug use.

Unit IV: Dealing with Family Life and Conflict begins with a lesson dealing with family goals. It includes lessons on conflict resolution and the use of negotiation skills. There are three lessons in this unit.

Unit V: Preventing Fire Injuries has three lessons that help students understand and protect themselves from fire dangers.

Unit VI: Health and Social Responsibility offers three lessons on pollution problems and the importance of caring for the environment. A fourth lesson encourages students to use the skills and knowledge they've gained to make smart consumer decisions about health.

Overview of Grade 5

The first unit of the Grade 5 curriculum, **Unit I: Taking Care of Myself,** has three lessons designed to help students understand stress and its effects and to introduce stress management skills. Lessons deal with the difference between eustress and distress and techniques for managing and reducing stress.

Unit II: Healthy Choices, Healthy Lifestyle includes seven lessons on rest, fitness, nutrition and disease. It emphasizes the importance of making healthy lifestyle choices to keep the body strong and healthy, and includes a lesson on evaluating advertising claims of health products.

The six lessons in **Unit III: Dealing with Change** focus on growth and development and family life. Lessons examine the preteen growth spurt, hygiene needs, responsibilities within the family and family change, with an emphasis on how students can employ stress management skills to help them deal with change.

Unit IV: Saying No to Tobacco, Alcohol and Other Drugs has five lessons that examine the effects of drug use and the influences on people's choices to use drugs. The last two lessons in this unit focus on decision-making and refusal skills with regard to tobacco.

Unit V: Taking Steps to Avoid Injury begins with a lesson on safety rules for physical activity. This unit includes lessons on water safety, sports safety, emergency rescue techniques and protecting oneself from physical or sexual abuse.

Unit VI: Stress Busters in the Community offers a lesson on identifying health care professionals who can help people deal with stress.

A final lesson summarizes and reviews the stress management skills students have learned during their study of the curriculum.

Overview of Grade 6

The three lessons in **Unit I: The Goal-Setting Process** introduce the skill theme of goal setting. Students learn why goals are important and how to set goals. They then have an opportunity to apply the goal-setting and action-planning steps they are learning to personal health goals.

In **Unit II: Goals for Personal Health,** students become more aware of three major factors that affect their health—heredity, environment and personal behavior—and things they can and cannot control about their health. The four lessons in this unit provide information about fitness and nutrition, oral health and stress management.

The four lessons in **Unit III: Growing Up and Liking It** are designed to help students understand the physical, emotional and social changes that accompany puberty. These lessons encourage students to accept a variety of physical characteristics in themselves and their peers and to look beyond the surface to find out what other people are really like. The unit includes a lesson on eating disorders and steroid use and another on HIV prevention.

Unit IV: Goals for Relationships begins with a review of communication skills. This unit includes a cross-age teaching project that emphasizes communication. The four lessons in this unit also consider the characteristics of friendships, common male/female stereotypes and ways to say no in a variety of situations.

The four lessons in **Unit V: Health and Social Responsibility** let students plan and implement a class community service project. After a survey of community health resources, students choose and plan their project. The successful completion of this project provides the basis for the Special Event at this level.

Unit IV: Preventing Injury and Conflict begins with a lesson on preparation and survival procedures for a variety of natural disasters and common steps to take during emergencies. The remaining two lessons in this unit look at conflict resolution. One lesson explores the nature of conflict as a foundation for practicing conflict resolution skills in the next lesson.

Unit VII: Avoiding Substance Use offers two lessons to help students examine reasons people use drugs and identify healthy alternatives to drug use. A panel of high school students visits the class to discuss their views and experiences related to drugs, including influences, choices, consequences and alternatives. The purpose of this panel is to give students a strong no-use message from one of the strongest influences in their lives—their peers.

The culmination lesson reemphasizes the importance of goals with a discussion of the unique human capacity to dream and how dreams or visions can help people reach their goals.

APPENDIX

C List of Involving Families Letters

Kindergarten

Children's Safety (Lesson 2)
Children Are Special (Lesson 5)
Talking About Touch (Lesson 10)
Learning About Personal Health (Lesson 11)
Children's Nutrition (Lesson 22)
Beware of Poison (Lesson 23)
Family Love (Lesson 27)
Family Responsibilities (Lesson 29)

Grade 1

Family Fun (Lesson 7)
Dental Health (Lesson 13)
Snack Party (Lesson 16)
Germ Smart (Lesson 17)
Family Personal Safety (Lesson 23)
Safety at Home (Lesson 25)

Grade 2

Communication and the Magic Scarf (Lesson 1)
Communicating About Differences (Lesson 4)
Soft Snugglies and Tuff Tuskies (Lesson 5)
Family Friends (Lesson 8)

Talking About HIV/AIDS (Lesson 19)
Home Fire Safety (Lesson 24)
Conflict Resolution (Lesson 25)
Advertising and Children (Lesson 27)

Grade 3

Decision-Making Skills (Lesson 4)
Family Responsibilities (Lesson 5)
Children's Rest (Lesson 12)
Children's Nutrition (Lesson 13)
Secondhand Smoke (Lesson 22)
Bicycle Safety (Lesson 23)
Environmental Decisions (Lesson 27)

Grade 4

Peer Pressure (Lesson 6)
Saying No (Lesson 7)
HIV/AIDS Prevention (Lesson 13)
Healthy Eating for Your Child (Lesson 16)
Conflict Resolution (Lesson 23)
Fire Safety (Lesson 25)

Grade 5

Learning to Handle Stress (Lesson 2)
Learning About HIV (Lesson 9)
Responsibility (Lesson 14)
Changing Families (Lesson 15)
Preventing Child Abuse (Lesson 26)

Grade 6

Setting Goals for Health (Lesson 2)
Acceptance and Self-Esteem (Lesson 8)
A Time of Change (Lesson 10)
HIV Prevention Education (Lesson 11)
Community Service (Lesson 18)
Peer Prevention Panel (Lesson 24)
Goals and Dreams (Lesson 25)

APPENDIX

D Family Night Agenda

A family night held early in the year is an excellent way to kick-off the *Actions for Health* program. This agenda could be incorporated into back-to-school night or any other existing parent meeting, or it can stand on its own. The following agenda is for a family night devoted solely to introducing the health program.

Meeting Objectives

- To share with families the content and philosophy behind *Actions for Health.*
- To enlist family support for home/family connection activities and special events in the *Actions for Health* program.

Prior to the Meeting

- Meet with teachers to determine their involvement.
- Determine the date and time.
- Review the *Administrator's Guide to a Comprehensive Health Program.*
- Secure a room.
- Send out a flyer.
- Announce the meeting in the school bulletin.
- Put a notice in any district publications.
- Order healthy snacks.

- Solicit any flyers or information on smoking cessation classes or similar community activities, which you could distribute at the meeting.
- Invite community groups such as the American Heart Association, the American Lung Association and the American Red Cross to set up booths.
- Establish a place for childcare, and arrange for childcare workers and activities for children.
- Gather the *Actions for Health* classroom posters from teachers to post around the room.

The Day of the Meeting

- Set up the room.
- Have teachers bring their classroom kits and open them for family members to view.
- Put a sign-in sheet at the entry so that you have a record of who attended.
- Set up a comfortable seating arrangement and any audiovisual equipment you need.
- Set out any handouts you have available.
- Post the Special Events Calendar if it is ready.
- Set out snacks.

The Meeting

7:00–7:15—Introductions

7:15–7:30—Overview of *Actions for Health* (See Section 2: The Program, "Personal and social Skills," pages 9–10.)

7:30–7:45—Special Events (See Section 2: The Program, "Special Events," pages 12–14.)

7:45–8:00—Share any health-related efforts unique to your school, such as a healthy school lunch program. Or talk about a comprehensive school health program. (See Section 4: What Is a Comprehensive School Health Program?) Masters for two overhead transparencies that can be used in this presentation are included in this appendix.

8:00–8:15—Questions and Discussion

8:15–8:45—Materials Display

TRANSPARENCY

One Day in the Life of an American Child

- Every 12 seconds of the school day, an American child drops out (380,000 a year).
- Every 13 seconds, an American child is reported abused or neglected (2.7 million a year).
- Every 26 seconds, an American child runs away from home (1.2 million a year).
- About every minute, an American teenager has a baby.
- Every 9 minutes, an American child is arrested for a drug offense.
- Every 40 minutes, an American child is arrested for drunk driving.
- Every 53 minutes in our rich land, an American child dies from poverty.
- Every 3 hours, a child is murdered.

Source: Children's Defense Fund 1992. *The State of America's Children 1992.* Washington, DC.

TRANSPARENCY

A Blueprint for School Health Programs

Allensworth and Kolbe (1987) provide a useful overall framework for thinking about a comprehensive approach to promote the health of school-age children and youth. Their framework identifies the following eight components of schools, which can be organized and combined to create a comprehensive program:

- school health education (instruction)
- healthy school environment
- school health services
- school physical education
- school nutrition and food services
- school-based counseling and personal support
- schoolsite health promotion
- school, family and community health promotion partnerships

Source: D. D. Allensworth and L. J. Kolbe. 1987. The Comprehensive School Health Program: Exploring an Expanded Concept. *Journal of School Health* 57 (10): 409-412.

APPENDIX

E Newsletter Inserts

September

Actions for Health

We will begin a comprehensive health program this year called *Actions for Health.* A comprehensive health program offers information and skills to help children stay healthy.

The teachers and I are excited about this program. We all know how important it is for children to get accurate health information while they are still forming personal habits and attitudes.

Americans have seen a dramatic increase in life span and are living healthier lives in general. But we still face many threats to health. Think about the AIDS epidemic and the rise in sexually transmitted disease. Many people still die from diseases related to alcohol and tobacco use. And the number of teenage pregnancies continues to increase.

Our children have to make health decisions at younger and younger ages. If they make poor choices, the consequences are often very grim. These decisions require knowledge, as well as skills.

The best time to begin a comprehensive health program is in the early grades. Teaching about health now helps children be prepared for the health choices they will have to make later.

65

October

Actions for Health

Our new health program, *Actions for Health,* has many activities that involve families. We all know that families are their children's first teacher. Families can model and support what children learn at school. Your child's teacher will be sending you letters that may ask you to do some things with your child. These things often build on what was taught in class. The activities are meant to be fun for both you and your child. We hope you will join in and enjoy them. Our health program also includes "special events." We'll send you more information about the special events later in the year.

November

Actions for Health

The National Education Association has a pamphlet called "What Every Parent Should Know About Health Education." This pamphlet lists the key things a good health program should provide for your child. They include:

- the chance to clarify values and attitudes about health and develop a sense of personal health responsibility
- an understanding of how people grow and develop
- pride in reaching and maintaining good health
- access to interested, knowledgeable adults (counselors) who can discuss problems with children
- a critical attitude toward health services and products
- an interest in the health and safety aspects of life
- information about important health problems

December

Actions for Health

Your family holidays and traditions can help your child stay healthy. Having a safe place to be and grow helps your child have high self-esteem. Connectiveness—the feeling of belonging to something—is a key part of healthy self-esteem.

Your family's celebrations, such as birthdays, visits to grandparents or other relatives, and holiday activities, can help your child feel that she or he belongs. Let your child help as you prepare meals, decorate and welcome guests into your home. You may have to give up a little in terms of the "perfect" meal or decorations, but your child will feel she or he is an important part of your family's life.

January

Actions for Health

I hope you have been able to be part of our health program, *Actions for Health*, this year. Have you enjoyed one of the take-home booklets with your child? Or helped with one of the worksheets or other activities?

Special events are part of the program. These offer an exciting chance for your whole family to join in. Each grade has a special event planned that features something children have learned during the health program. We have scheduled these events throughout the year so that as many people as possible can take part.

Here is a list of the events. You will receive a calendar of scheduled dates very soon.

Kindergarten—Healthy Children Revue

Grade 1—A Healthy Behavior Celebration

Grade 2—Communication and Health Celebration

Grade 3—Bicycle Safety Show

Grade 4—What We're Doing for Planet Earth

Grade 5—Let's Exercise

Grade 6—Celebrating Community Connections

February

Actions for Health

Parents and other family members can help their children develop healthy behaviors. You may want to take a look at what your family eats this month. A growing child needs lots of nutrients. Both children and adults need a variety of food from the five food groups. Daily servings for a child under age 12 should include:

- two or three servings from the milk group—milk, cheese, cottage cheese and yogurt
- two servings from the meat group—lean meat, poultry or fish, or high-protein meat alternates, such as soy products, peanut butter, or beans eaten with rice or corn
- three servings of fruits, with at least one good source of vitamin C, such as orange juice
- four servings of vegetables, with at least one deep green or yellow vegetable
- nine servings from the bread and cereal group—breakfast cereal (watch the sugar content), bread, tortillas, pasta, rice

Remember that children do not need to eat a lot and that their appetites vary. An average serving is one tablespoon for each year of age. Limit sugary snacks, and try to make your family's mealtimes pleasant and relaxing.

March

Actions for Health

After a nutritious breakfast, your child's next most important meal is lunch. If you pack your child's lunch, you have a lot more control over what he or she eats. Your child's lunch may be lost, traded with a friend or even thrown away. The best way to be sure that your child eats lunch is to make the lunch taste good. Another way is to let your child help make the lunch.

Start with the five food groups. Then let your child make some choices. Here are some ideas:

- Make peanut butter sandwiches more interesting. Add bananas, raisins or apple butter. Let your child choose the bread.
- Make your own low-fat, low-sodium lunch meats for sandwiches. Cook turkey or chicken and slice it thinly.
- Pack snack-size boxes of raisins or small containers of your own homemade applesauce, trail mix or other low-sugar treat.
- Many children will eat green and red peppers, broccoli or other vegetables cut into small pieces.
- Every so often, pack a little surprise such as a note about something your family is going to do or a new pencil or other school item in your child's lunch.

April

Actions for Health

Parents and other family members are strong models for their children in all areas. Health is no exception. You may want to think about whether your behavior and the behavior of other adults in your child's life encourages your child to make healthy choices.

Are children exposed to secondhand smoke in your home? Research shows that people exposed to secondhand smoke face the same health risks as smokers. If smokers live in or visit your home, you might want to set up a smoke-free zone in your home where smoking is not allowed. This sends a strong "don't start" message to children. A stop-smoking program for the smokers in your home will mean better health for both you and your children.

Alcohol use is also modeled to children by adults. Think about your own habits. Do your children see you or other adults they trust using alcohol inappropriately? Children who live in homes where alcohol use is a problem are more likely to have emotional trouble. They often must take on adult roles before they're ready.

If you need help in either of these areas, I would be happy to refer you to programs that can help.

May

Actions for Health

Did you know that the best time to prevent heart disease is in childhood? Studies are finding evidence of the early stages of heart disease in children. Children also are being found to have high blood pressure at very young ages.

The best way to lower the risk of heart disease is to watch your child's intake of fat. Growing children need a lot of calories, so doctors do not recommend reducing fat intake for children under age two. But American children are eating an average of 37 percent fat in their diets, so after age two some limits are a good idea. Here are some ways to limit the amount of fat that your family eats:

- Trim fat from meat.
- Broil foods rather than frying them.
- Limit the amount of pie, cake and other high-fat foods your child eats.

If you have a history of heart disease in your family, you may want to ask your child's doctor to test your child.

June

Actions for Health

Summer is almost here! I hope you have enjoyed the special health activities we've had at school this year. We're all looking forward to being able to be out in the fresh air and sunshine. I hope you have some outdoor fun planned for your family this summer.

Don't forget sunscreen for your child and yourself. And don't let children become "couch potatoes" over the summer. If your children have a hard time being active, think about getting them into swimming lessons, a recreation program or some other sports activity.

Family walks or hikes, bike rides or games are fun and give everyone in the family exercise. You might want to use some of the exercise activities your child has learned this year. Think about planning an activity calendar before school is out. This will give your child something to look forward to. Above all, have fun and stay safe and healthy!

APPENDIX

F Fitness for the Principal

As you are well aware, the job of a school principal is extremely stressful. Many of the facts presented in this handbook contribute to the stress. As our society changes and children have more needs, our schools are increasingly called upon to meet them. Traditional supports such as intact families, cohesive neighborhoods and shared values and beliefs seem to be a thing of the past. Your role as principal may be leading you to neglect your own health.

We encourage you to do something good for yourself this year. A healthy lifestyle not only prolongs life but makes it more enjoyable as well. Consider working on some of your health habits. Perhaps you have gotten so busy that you are not getting enough exercise. Or maybe you're not eating a nutritious diet as you run from one meeting, parent conference or discipline matter to another. You may not be spending enough time in activities that allow you to relax and rejuvenate.

On the next page is a Fitness Plan form, which you may use to set some personal fitness goals. We hope that this year is not only one in which your students and teachers learn about a healthy lifestyle, but one in which you spend some time taking care of yourself as well. If you choose to set some goals, please let us know what progress you make. We would love to hear from you.

Fitness Plan

You deserve to spend some time maintaining or improving your own fitness level. Use this worksheet to plan a program for yourself. Be sure to share it with someone who will be willing to act as your "coach" or support person.

1. List four or five health habits you would like to develop (more sensible eating, regular exercise, coping with stress, etc.).

   a. _____

   b. _____

   c. _____

   d. _____

2. Now, go back and circle the habit you would most like to develop.

3. Turn your wish into a goal. Set target dates for starting toward and reaching this goal.

   Will begin by _____ Will achieve by _____

4. Helps and hindrances:

   What will help you reach your goal? What will stand in the way?

Helps:	Hindrances:
_____	_____
_____	_____
_____	_____

5. Action plan: What specific *action* will you take to reach your goal?

What will you do?	When will you do it?
_____	_____
_____	_____
_____	_____
_____	_____

6. Write down the name of a person who will help you reach your goal. _____

7. Evaluation of progress: When will you evaluate your progress?

_____

Did I reach my goal? _____

Did my support system help? _____

Is it a permanent change? _____

Do I feel better? _____

What is my next step? _____

_____

_____

_____

_____

_____

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Lay the groundwork for a successful *Actions for Health* program in your school! Here is your guide to smooth implementation of the *Actions for Health* elementary program.

Designed for principals, district administrators or on-site leaders, *The Administrator's Guide* is organized around the key elements of the *Actions for Health* program:

- The Principal's Role
- The Program
- Home and Family Involvement
- Supporting Research

Become familiar with the *Actions for Health* program philosophy and components. Discover clear program objectives and how to meet them. Learn how to promote staff and parent leadership, enthusiasm, and personal health goals. Ideas for staff training and parent/staff partnerships are also included.

ETR Associates
Santa Cruz, California

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